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Bib Data Sheet

CONFIRMATION NO. 5846

<b>SERIAL NUMBER</b> 09/865,822	<b>FILING DATE</b> 05/25/2001 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3761	<b>ATTORNEY DOCKET NO.</b> TRIL- 05/119	
<b>APPLICANTS</b> John E. Davis, Loveland, OH; Timothy P. Klonne, Cincinnati, OH;					
<b>** CONTINUING DATA *****</b>					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 07/24/2001</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <i>Allowance</i> Acknowledged <i>Bilp tec</i> <i>FZ</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> OH	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 24	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> WOOD, HERRON & EVANS, L.L.P. 2700 Carew Tower Cincinnati, OH 45202					
<b>TITLE</b> Fluid absorbent article for surgical use					
<b>FILING FEE RECEIVED</b> 456	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		